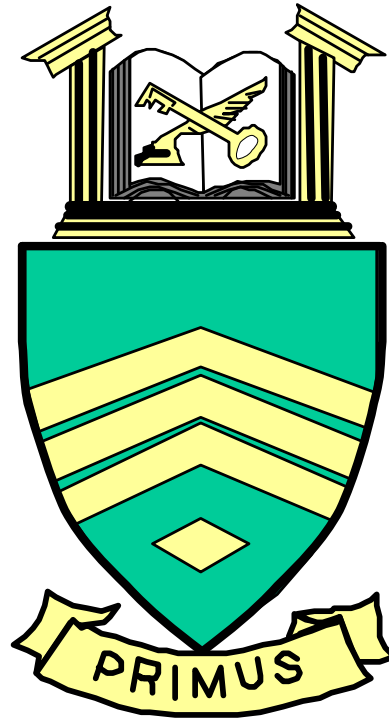
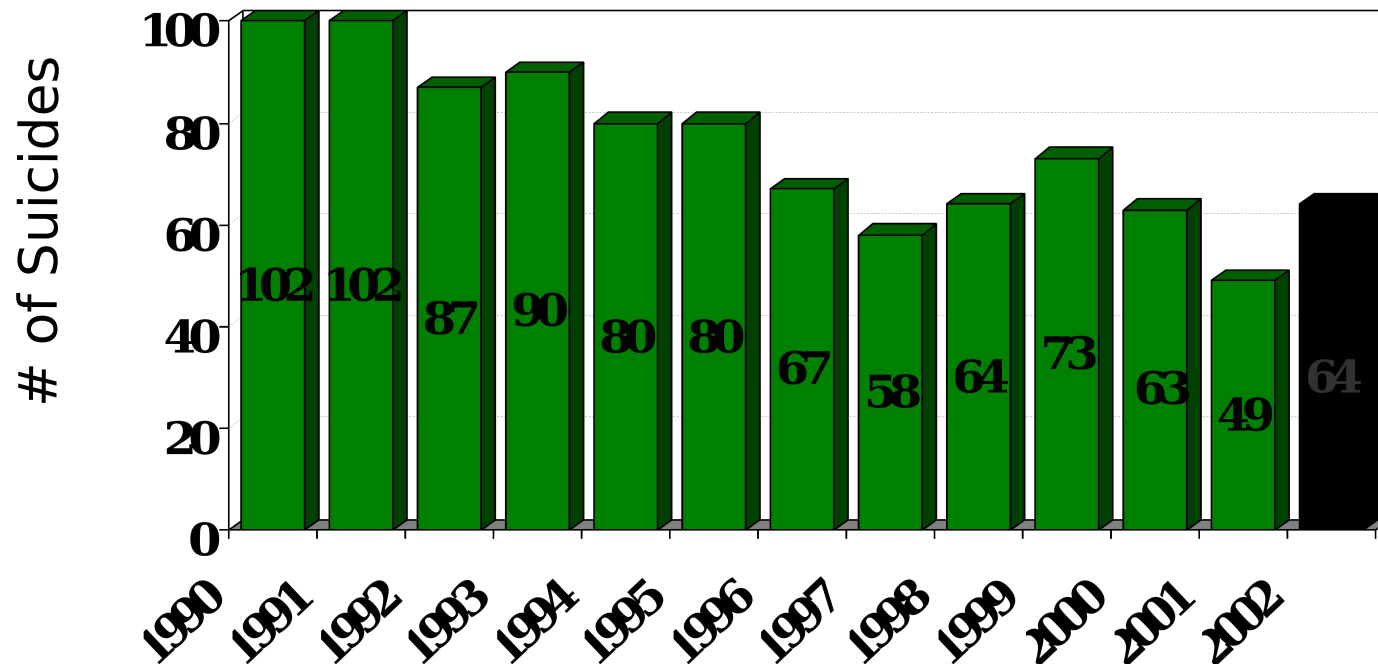


# SUICIDE PREVENTION

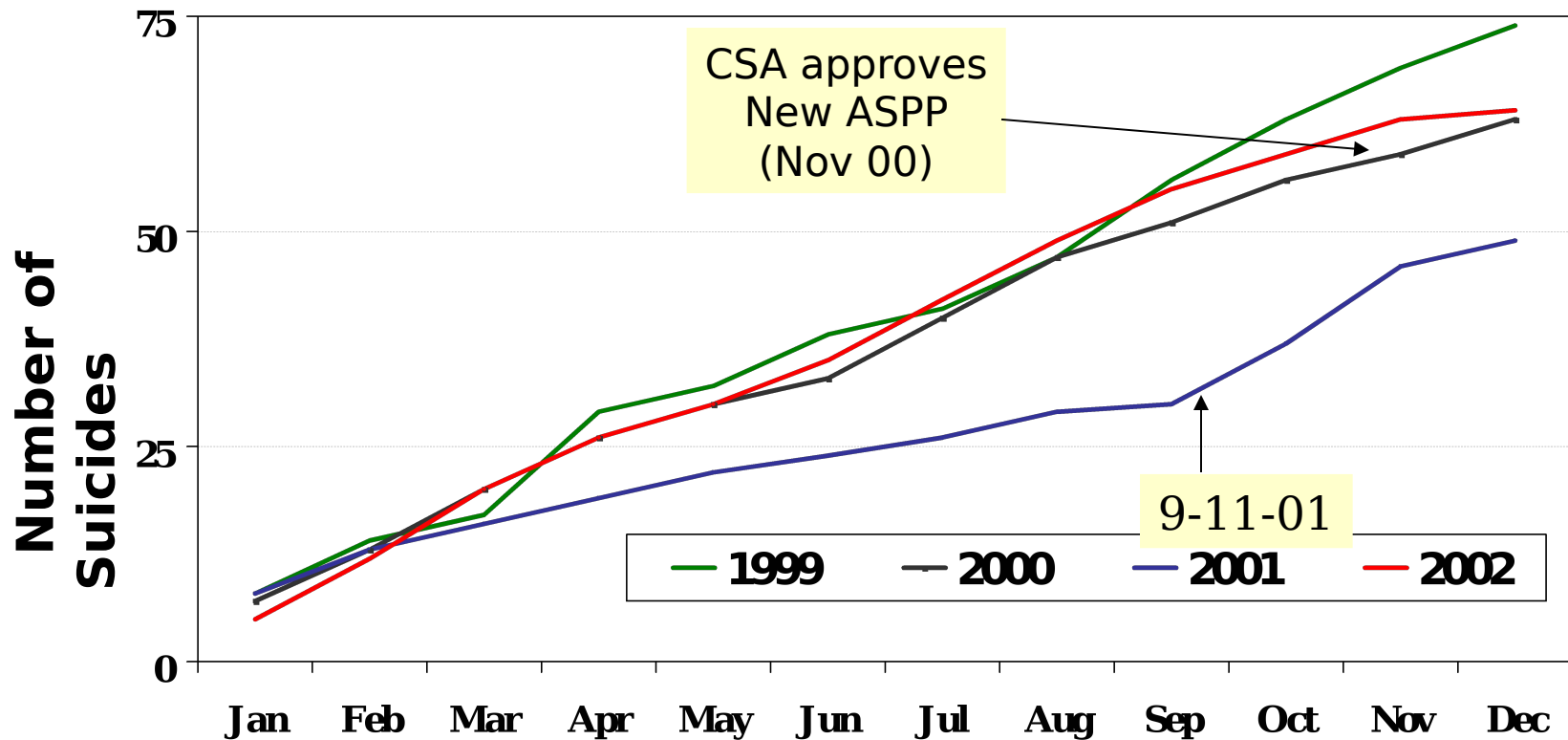


# ACTIVE ARMY SUICIDES BY YEAR 1990-2002

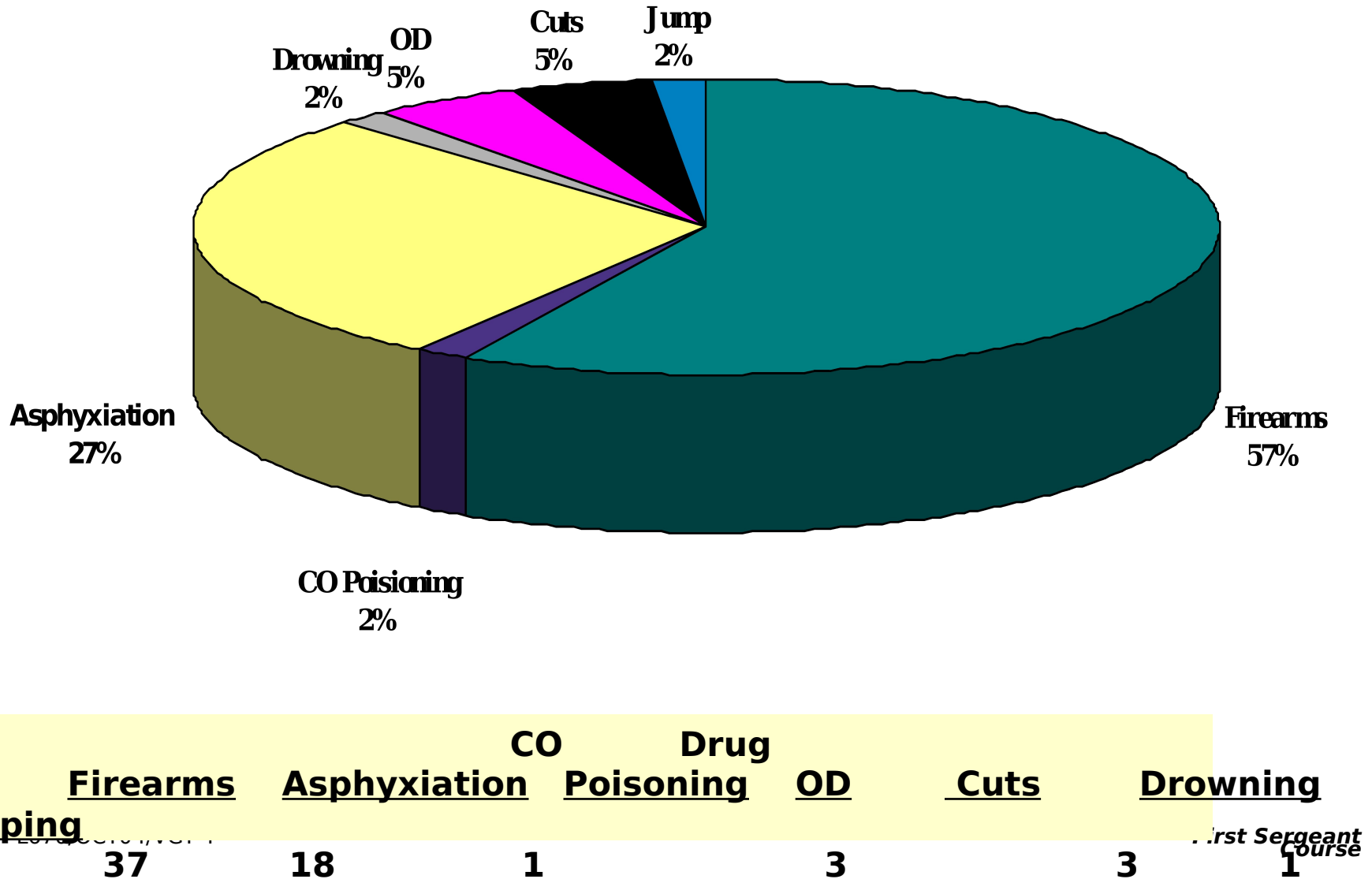
Rate Per 100,000 Soldiers



# CUMULATIVE CONFIRMED SUICIDES (ACTIVE DUTY TOTALS)



# CY 2002 SUICIDES BY METHOD



# **ARMY SUICIDE PREVENTION PROGRAM**

- **Reduces Army's Suicide Risk.**
- **Establishes suicide risk identification training.**
- **Outlines ASPP responsibilities.**
- **Requires psychological autopsy.**

# **ASPP PROVIDES**

- **Suicide prevention education awareness:**
  - **risk identification**
  - **crisis intervention and referral**
- **Mental health and UMT resources.**
- **Assistance to families with suicide loss.**

# **ASPP GOAL**

**TO MINIMIZE SUICIDAL BEHAVIOR  
AMONG OUR SOLDIERS,  
RETIREES, CIVILIANS AND  
FAMILY MEMBERS.**

# **ASPP TRAINING REQUIREMENTS**

- **In all Army leadership development courses.**
- **In unit officer/NCO professional development courses.**
- **In post level courses for civilian supervisors and CPO personnel.**
- **As in-service training for professionals and military police.**



# **ASPP TRAINING REQUIREMENTS (cont)**

- **Mental health officers “train the trainers”.**
- **Unit ministry teams assist with training.**
- **Army community services conducts education awareness program for family members.**

# **FMSPPE EDUCATION AWARENESS**

- **Recognize the signs of increased suicide risk.**
- **Learn about referral sources.**
- **Educational programs will focus on:**
  - **Parents.**
  - **Teenagers.**
  - **Spouses.**

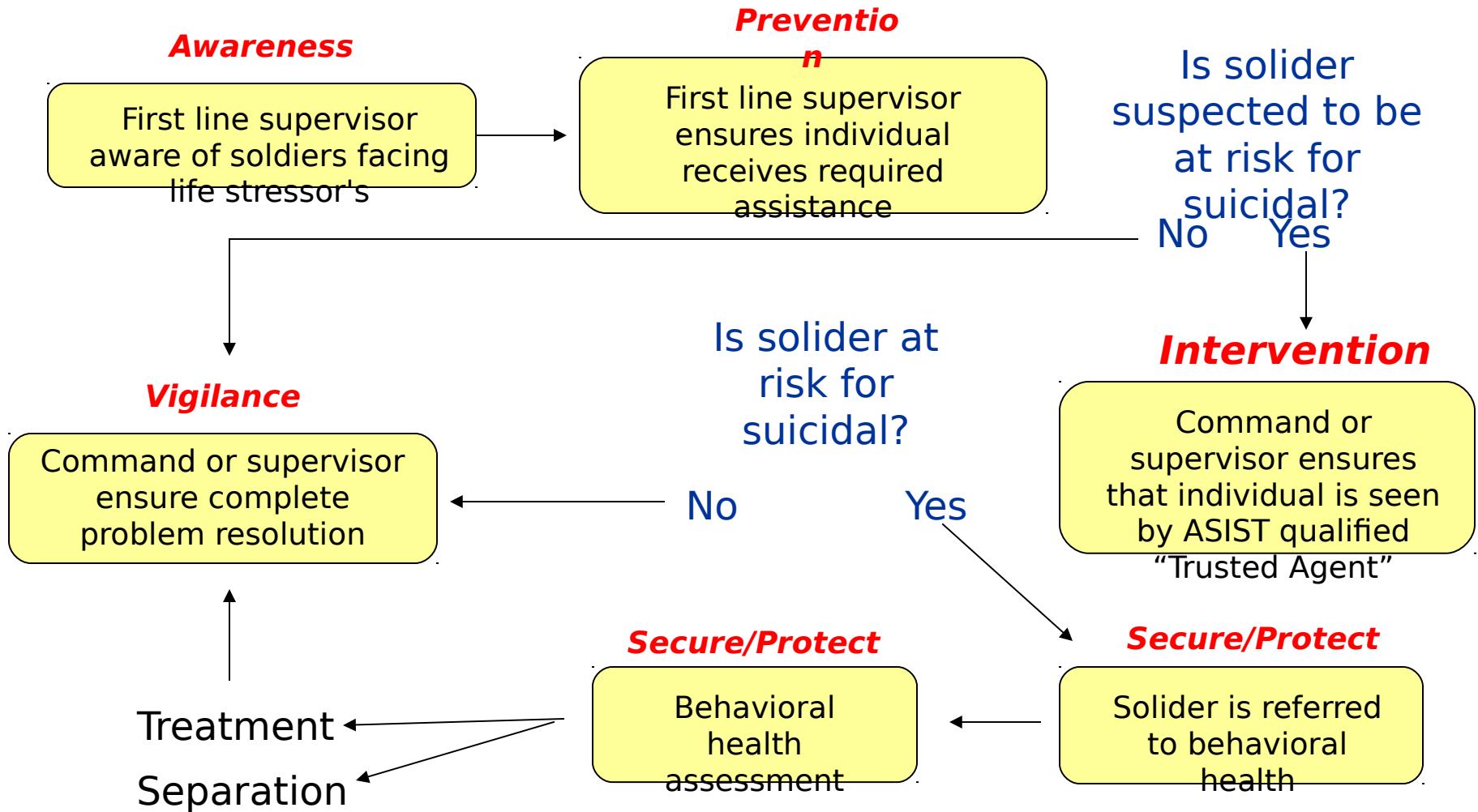
# **DANGER SIGNS**

- **Talking or hinting about suicide**
- **Formulating a plan to include a the means to kill oneself**
- **Having a desire to die**
- **Obsession with death including listening to sad music or poetry or artwork**
- **Themes of death in letters and notes**
- **Finalizing personal affairs**
- **Giving away personal affairs**

# **WARNING SIGNS**

- **Oblivious drop in duty performance**
- **Unkempt personal appearance**
- **Feeling of Hopelessness or helplessness**
- **Family history of suicide**
- **Made previous suicide attempts**
- **Drug or alcohol abuse**
- **Social withdrawal**
- **Loss of interest in sexual activity**
- **Reckless behavior, self-mutilation**
- **Physical health complaints, changes/loss of appetite**
- **Complaints of significant difficulties**

# UNIT SUICIDE PREVENTION MODEL



# **IDENTIFICATION AND CRISIS INTERVENTION**

- **Early leader involvement.**
- **Identify persons at risk.**
- **Listen and refer person to helping agency.**
- **Take person expressing suicidal thoughts to a mental health professional.**
- **Summon law and medical personnel if individual declines help.**

# **IDENTIFICATION AND CRISIS INTERVENTION (cont)**

- **Alter crisis creation conditions.**
- **Primary 24-hour medical treatment facilities.**
- **Maximum use of civilian “hot-lines”.**

# **SUICIDE POTENTIAL!**

## **WHAT TO DO ?**

- **Take threats seriously**
- **Answer cries for help**
- **Confront the problem**
- **Tell them you care**
- **Get professional help**





# **SUICIDE POTENTIAL!**

## **WHAT NOT TO DO.**

- **Do not leave him alone.**
- **Do not assume the soldier is not suicidal.**
- **Do not act shocked.**
- **Do not debate the morality of self destruction.**
- **Do not keep a deadly secret.**

# **COMMANDER'S SRMT FUNCTIONS**

- **Convene SRMT when a soldier is a suicide risk.**
- **Institute procedures for identification, evaluation and medical evacuation of At risk soldiers.**
- **Maintain an active liaison with other members of the SRMT.**
- **Coordinate administrative actions.**

# **SOLDIER'S RESPONSIBILITIES**

- **Know suicidal danger and warning signs and leading causes for suicides**
- **Become aware of local helping services**
- **Take immediate action when suspecting someone is at risk for suicide**
- **Never ostracize any member of your team**

# **FIRST LINE SUPERVISORS**

- **Get to know your soldiers**
  - **Assess soldier's life-coping skills**
  - **Know when your soldiers are experiencing a "life crisis"**
  - **Anticipate dysfunctional behavior**
- **Know potential suicide triggers & warning signs for mental illness**
- **Promote help-seeking behavior**
  - **Assist in reducing stigma regarding mental health**
  - **Set the example - take advantage of helping services**

✓ **MAINTAIN AWARENESS AND VIGILANCE!**

# **COMMANDER'S RESPONSIBILITIES**

- **Offer suicide prevention/awareness training to spouses**
- **Conduct OPD's and NCODPs that focus on some aspect of mental health**
- **Promote life-coping skills development & help-seeking behaviors**
- **Develop well-defined procedures for storing P.O.W.s**
- **Conduct "family reunion" seminars during extended deployments**
- **Ensure your UMT members are ASIST qualified**

# SUICIDE IS PREVENTABLE

